

Return of Organization Exempt from Income Tax

2004

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year, or tax year beginning 6/01, 2004, and ending 5/31, 2005

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. SOUTH TEXAS SYMPHONY ASSOCIATION, P O BOX 2832, MCALLEN, TX 78505-2832. D Employer Identification Number 74-1939277. E Telephone number (956) 393-2293. F Accounting method: Cash, Accrual, Other (specify).

G Web site: N/A. J Organization type: 501(c) 3. K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts: 451,800.

H (a) Is this a group return for affiliates? No. H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? No. H (d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number. M Check if the organization is not required to attach Schedule B.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 4 columns (1a-1d, 2, 3, 4, 5, 6a-6c, 7, 8a-8c, 8d, 9a-9c, 10a-10c, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21). Includes a 'RECEIVED' stamp from OGDEN, UT dated JAN 17 2006.

SCANNED JAN 23 2006

MCRZVNR

EXPENSES

NET ASSETS

3

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	86,328.	35,024.	48,753.
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34	3,826.		3,826.
35	Postage and shipping	35	2,203.		2,203.
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38	18,871.	18,871.	
39	Travel	39	3,456.	882.	2,433.
40	Conferences, conventions, and meetings	40	7,711.		7,711.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	3,378.		1,020.
43	Other expenses not covered above (itemize)				
a	<u>CONCERT EXPENSES</u>	43a	241,524.	241,524.	
b	<u>INSURANCE</u>	43b	7,062.		7,062.
c	<u>MARKETING AND PROMOTIONS</u>	43c	16,837.	15,846.	991.
d	<u>OFFICE EXPENSE</u>	43d	9,118.		9,118.
e	<u>PROFESSIONAL SERVICES</u>	43e	8,400.		8,400.
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	408,714.	312,147.	91,517.

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <u>See Statement 2</u>		Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a	<u>PROMOTION OF MUSIC IN THE RIO GRANDE VALLEY AND THE PRODUCTION OF SIX MAJOR CONCERTS AND SEVEN STUDENT CONCERTS. DONATED SERVICES AMOUNTED TO \$32,015.</u> (Grants and allocations \$ _____)	312,147.
b	_____ (Grants and allocations \$ _____)	
c	_____ (Grants and allocations \$ _____)	
d	_____ (Grants and allocations \$ _____)	
e	Other program services (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	312,147.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	96,688.	45	93,153.
	46 Savings and temporary cash investments	45,995.	46	59,342.
	47a Accounts receivable			
	47b Less: allowance for doubtful accounts		47c	
	48a Pledges receivable	33,875.		
	48b Less: allowance for doubtful accounts		48c	33,875.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	51b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	3,776.
	54 Investments — securities (attach schedule)		54	
	55a Investments — land, buildings, & equipment, basis <input type="checkbox"/> Cost <input type="checkbox"/> FMV	36,247.		
	55b Less: accumulated depreciation (attach schedule) Statement 3	35,079.	55c	1,168.
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment, basis			
	57b Less: accumulated depreciation (attach schedule)		57c	
	58 Other assets (describe See Statement 4)	7,861.	58	5,503.
59 Total assets (add lines 45 through 58) (must equal line 74)	165,382.	59	196,817.	
LIABILITIES	60 Accounts payable and accrued expenses	2,424.	60	9,236.
	61 Grants payable		61	
	62 Deferred revenue	38,675.	62	30,065.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	64b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe See Statement 4)		65	
66 Total liabilities (add lines 60 through 65)	41,099.	66	39,301.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	58,058.	67	78,491.
	68 Temporarily restricted	66,225.	68	79,025.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	124,283.	73	157,516.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	165,382.	74	196,817.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	550,040.
b	Amounts included on line a but not on line 12, Form 990.		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$ 32,015.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify).		
	See Stmt 5 \$ 76,078.		
	Add amounts on lines (1) through (4)	b	108,093.
c	Line a minus line b	c	441,947.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify).		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	441,947.

a	Total expenses and losses per audited financial statements	a	516,807.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ 32,015.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify).		
	See Stmt 6 \$ 76,078.		
	Add amounts on lines (1) through (4)	b	108,093.
c	Line a minus line b	c	408,714.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify).		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	408,714.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 7				
-----		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

If 'Yes,' attach schedule - see instructions.

Part VI Other Information (See instructions.)

		Yes	No		
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X		
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X		
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X		
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A			
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X		
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?		X		
81a	Enter direct and indirect political expenditures. See line 81 instructions	<table border="1"> <tr> <td>81a</td> <td>0.</td> </tr> </table>		81a	0.
81a	0.				
81b	Did the organization file Form 1120-POL for this year?		X		
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X			
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<table border="1"> <tr> <td>82b</td> <td>32,015.</td> </tr> </table>		82b	32,015.
82b	32,015.				
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X			
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X		
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A			
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?	N/A			
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A			
85c	Dues, assessments, and similar amounts from members	<table border="1"> <tr> <td>85c</td> <td>N/A</td> </tr> </table>		85c	N/A
85c	N/A				
85d	Section 162(e) lobbying and political expenditures	<table border="1"> <tr> <td>85d</td> <td>N/A</td> </tr> </table>		85d	N/A
85d	N/A				
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<table border="1"> <tr> <td>85e</td> <td>N/A</td> </tr> </table>		85e	N/A
85e	N/A				
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<table border="1"> <tr> <td>85f</td> <td>N/A</td> </tr> </table>		85f	N/A
85f	N/A				
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A			
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A			
86a	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	<table border="1"> <tr> <td>86a</td> <td>N/A</td> </tr> </table>		86a	N/A
86a	N/A				
86b	Gross receipts, included on line 12, for public use of club facilities	<table border="1"> <tr> <td>86b</td> <td>N/A</td> </tr> </table>		86b	N/A
86b	N/A				
87a	501(c)(12) organizations Enter. a Gross income from members or shareholders	<table border="1"> <tr> <td>87a</td> <td>N/A</td> </tr> </table>		87a	N/A
87a	N/A				
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<table border="1"> <tr> <td>87b</td> <td>N/A</td> </tr> </table>		87b	N/A
87b	N/A				
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X		
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.				
89b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X		
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	<table border="1"> <tr> <td></td> <td>0.</td> </tr> </table>			0.
	0.				
89d	Enter. Amount of tax on line 89c, above, reimbursed by the organization	<table border="1"> <tr> <td></td> <td>0.</td> </tr> </table>			0.
	0.				
90a	List the states with which a copy of this return is filed ▶ <u>None</u>				
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	<table border="1"> <tr> <td>90b</td> <td>4</td> </tr> </table>		90b	4
90b	4				
91	The books are in care of ▶ <u>SUZANNE MCDONALD</u> Telephone number ▶ <u>(956) 393-2293</u> Located at ▶ <u>UNIV. OF TX-PAN AMERICAN, EDINBURG, TX</u> ZIP + 4 ▶ <u>78539</u>				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<table border="1"> <tr> <td></td> <td>▶ <input type="checkbox"/></td> </tr> </table>		▶ <input type="checkbox"/>
	▶ <input type="checkbox"/>				

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

- 93 Program service revenue.
 - a TICKET SALES
 - b _____
 - c _____
 - d _____
 - e _____
 - f Medicare/Medicaid payments
 - g Fees & contracts from government agencies
- 94 Membership dues and assessments
- 95 Interest on savings & temporary cash invmnts
- 96 Dividends & interest from securities
- 97 Net rental income or (loss) from real estate
 - a debt-financed property
 - b not debt-financed property
- 98 Net rental income or (loss) from pers prop
- 99 Other investment income
- 100 Gain or (loss) from sales of assets other than inventory
- 101 Net income or (loss) from special events
- 102 Gross profit or (loss) from sales of inventory
- 103 Other revenue
 - a _____
 - b MISCELLANEOUS
 - c _____
 - d _____
 - e _____
- 104 Subtotal (add columns (B), (D), and (E))
- 105 Total (add line 104, columns (B), (D), and (E))

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
					134,549.
			14	1,048.	
			1	-5,283.	
			1	4,860.	
				625.	134,549.
					135,174.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	FEES SUPPORT PROGRAMS AND CONCERTS THAT FURTHER PUBLIC EDUCATION IN THE ARTS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Challen D. Olson Date: 1-12-06
President

Date: _____ Check if self: Preparer's SSN or PTIN (See General Instruction W): _____

Part III Statements About Activities (See instructions)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>		X
2a Sale, exchange, or leasing of property?		X
2b Lending of money or other extension of credit?		X
2c Furnishing of goods, services, or facilities?		X
2d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
2e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)		X
3b Do you have a section 403(b) annuity plan for your employees?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
4b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	194,092.	265,153.	163,949.	88,097.	711,291.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	150,275.	272,544.	124,557.	192,482.	739,858.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets See Stmt 8	3,896.	2,507.	2,585.	2,696.	11,684.
23 Total of lines 15 through 22	348,263.	540,204.	291,091.	283,275.	1,462,833.
24 Line 23 minus line 17	197,988.	267,660.	166,534.	90,793.	722,975.
25 Enter 1% of line 23	3,483.	5,402.	2,911.	2,833.	
26 Organizations described on lines 10 or 11:	<p>a Enter 2% of amount in column (e), line 24</p> <p>b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts</p> <p>c Total support for section 509(a)(1) test. Enter line 24, column (e)</p> <p>d Add. Amounts from column (e) for lines 18 _____ 19 _____</p> <p style="margin-left: 100px;">22 <u>11,684.</u> 26b <u>6,080.</u></p> <p>e Public support (line 26c minus line 26d total)</p> <p>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p>26a 14,460.</p> <p>26b 6,080.</p> <p>26c 722,975.</p> <p>26d 17,764.</p> <p>26e 705,211.</p> <p>26f 97.54 %</p>
27 Organizations described on line 12: N/A	<p>a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.</p> <p>(2003) _____ (2002) _____ (2001) _____ (2000) _____</p> <p>b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.</p> <p>(2003) _____ (2002) _____ (2001) _____ (2000) _____</p> <p>c Add. Amounts from column (e) for lines 15 _____ 16 _____</p> <p style="margin-left: 100px;">17 _____ 20 _____ 21 _____</p> <p>d Add. Line 27a total _____ and line 27b total _____</p> <p>e Public support (line 27c total minus line 27d total)</p> <p>f Total support for section 509(a)(2) test Enter amount from line 23, column (e) 27f _____</p> <p>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p>27c _____</p> <p>27d _____</p> <p>27e _____</p> <p>27g _____ %</p> <p>27h _____ %</p>

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement) ----- ----- -----		
32	Does the organization maintain the following.		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement) ----- -----	32d	
33	Does the organization discriminate by race in any way with respect to.		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement) ----- ----- -----	33h	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation	35	

Client SYMPHONY

SOUTH TEXAS SYMPHONY ASSOCIATION

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Statement 1
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contri- butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
FUNDRAISERS	4,570.	0.	4,570.	9,853.	-5,283.
Total	<u>\$ 4,570.</u>	<u>\$ 0.</u>	<u>\$ 4,570.</u>	<u>\$ 9,853.</u>	<u>\$ -5,283.</u>

Statement 2
Form 990, Part III
Organization's Primary Exempt Purpose

TO PROMOTE APPRECIATION FOR SYMPHONIC AND CHORAL MUSIC WITHIN THE GENERAL PUBLIC
 RESIDING IN THE LOWER RIO GRANDE VALLEY OF TEXAS.

Statement 3
Form 990, Part IV, Line 55b
Investments - Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 36,247.	\$ 35,079.	\$ 1,168.
Total	<u>\$ 36,247.</u>	<u>\$ 35,079.</u>	<u>\$ 1,168.</u>

Statement 4
Form 990, Part IV, Line 58
Other Assets

RGV INTL MUSIC FESTIVAL DONOR LIST	\$ 5,503.
Total	<u>\$ 5,503.</u>

Statement 5
Form 990, Part IV-A, Line b(4)
Other Amounts

FUNDING FOR FUTURE YEARS	\$ 66,225.
SPECIAL EVENTS EXP.	9,853.
Total	<u>\$ 76,078.</u>

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SOUTH TEXAS SYMPHONY ASSOCIATION

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Statement 6
Form 990, Part IV-B, Line b(4)
Other Amounts

FUNDING FOR FUTURE YEARS	\$	66,225.
SPECIAL EVENTS EXP.		9,853.
	Total \$	<u>76,078.</u>

Statement 7
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
CHUCK D. OLSON 100 W. MOORE RD., #16 PHARR, TX 78577	President 10-12	\$ 0.	\$ 0.	0.
SUZANNE M. MCDONALD 1401 CAMILLIA MCALLEN, TX 78501	Vice President 10-12		0.	0.
RUBEN BOSQUEZ 510 E. RIDGE MCALLEN, TX 78503	Treasurer 10-12		0.	0.
DR MATT WEBER 2000 N. 23RD ST MCALLEN, TX 78501	Secretary 10-12		0.	0.
YVONNE L. ANDERSON 2424 CRESTVIEW EDINBURG, TX 78539	Executive 10-12		0.	0.
STEPHEN L. CRAIN 401 BYRON NELSON MCALLEN, TX 78503	Executive 10-12		0.	0.
PAULETTE R. SACA 109 CONDOR MCALLEN, TX 78504	ADVISORY 10-12		0.	0.
CECILIO RODRIGUEZ 1409 ZIINIA AVENUE MCALLEN, TX 78504	Executive 10-12		0.	0.
LORIN RUNNELS 224 PINERIDGE LANE MCALLEN, TX 78503	ADVISORY 10-12		0.	0.
ADRIANA GARCIA 137 E. GARDENIA MCALLEN, TX 78501	ADVISORY 10-12		0.	0.

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SOUTH TEXAS SYMPHONY ASSOCIATION

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Statement 7 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
DAVID J. GUERRERO 5414 N. 5TH AVE. MCALLEN, TX 78503	ADVISORY 10-12	\$ 0.	\$ 0.	\$ 0.
MARIANNE JELINEK 707 TULIP MCALLEN, TX 78504	ADVISORY 10-12	0.	0.	0.
DR. ROBERTO MANGOO-KARIM 1901 S. FIRST ST., SUITE 600 MCALLEN, TX 78503	Executive 10-12	0.	0.	0.
DR. SAL MENDEZ 1421 N. COL. ROWE BLVD. MCALLEN, TX 78501	ADVISORY 10-12	0.	0.	0.
DR. MARIAN MONTA 3527 PLAZAS DEL LAGO EDINBURG, TX 78539	ADVISORY 10-12	0.	0.	0.
DR. VIVIAN MUNN 1419 POST OAKS RD. EDINBURG, TX 78539	ADVISORY 10-12	0.	0.	0.
LISA OLIVEIRA 2415 DORADO DRIVE MISSION, TX 78572	ADVISORY 10-12	0.	0.	0.
WILLIAM A. BURNS 2312 FOX RUN DR. MISSION, TX 78572	ADVISORY 10-12	0.	0.	0.
LETTY OSIO 4701 N. 4TH ST. MCALLEN, TX 78504	ADVISORY 10-12	0.	0.	0.
DAVID GUERRA ONE S. BROADWAY MCALLEN, TX 78501	Advisory 10-12	0.	0.	0.
ROB PETERSON 1105 HACKBERRY DR. WESLACO, TX 78596	ADVISORY 10-12	0.	0.	0.
NORMA PRIOLO 1701 E. 24TH PLACE MISSION, TX 78572	ADVISORY 10-12	0.	0.	0.

Client SYMPHONY

SOUTH TEXAS SYMPHONY ASSOCIATION

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Statement 7 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
RAUL MARTINEZ P.O. BOX 2832 MCALLEN, TX 78502	Advisory 10-12	\$ 0.	\$ 0.	\$ 0.
ELEANOR SYMONS 602 N. VICTORIA RD., MH #190 DONNA, TX 78537	ADVISORY 10-12	0.	0.	0.
DR. MARVIN TAVAREZ 1713 LARKSPUR MCALLEN, TX 78501	ADVISORY 10-12	0.	0.	0.
ROSA VALENCIA 612 E. NEWPORT LANE MCALLEN, TX 78501	ADVISORY 10-12	0.	0.	0.
JANET WALLACE P O BOX 3512 MCALLEN, TX 78502	ADVISORY 10-12	0.	0.	0.
Total		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 8
Schedule A, Part IV-A, Line 22
Other Income

<u>Description</u>	<u>(a) 2003</u>	<u>(b) 2002</u>	<u>(c) 2001</u>	<u>(d) 2000</u>	<u>(e) Total</u>
MISCELLANEOUS	\$ 3,896.	\$ 2,507.	\$ 2,585.	\$ 2,696.	\$ 11,684.
Total	<u>\$ 3,896.</u>	<u>\$ 2,507.</u>	<u>\$ 2,585.</u>	<u>\$ 2,696.</u>	<u>\$ 11,684.</u>

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers) However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number	
	SOUTH TEXAS SYMPHONY ASSOCIATION		74-1939277	
	Number, street, and room or suite number If a P O box, see instructions			
	P O BOX 2832		state	ZIP code
City, town or post office For a foreign address, see instructions				
MCALLEN, TX 78505-2832				

Check type of return to be filed (file a separate application for each return).

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ▶ SUZANNE MCDONALD -----

Telephone No ▶ (956) 393-2293 ----- FAX No ▶ -----

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 1/15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

▶ calendar year 20__ or

▶ tax year beginning 6/01, 20 04, and ending 5/31, 20 05

2 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.